

## YOUTH COUNCIL APPLICATION

NAME:	Age:	Grade:
ADDRESS:		
CITY:		ip:
PHONE:		
SCHOOL:	Graduation Year:	Weighted GPA:
The Youth Council meets regularly at Chambers. Additional meetings may b		y of each month in the City Counci
Applications must be filed with the operations of the least of the lea	<u>a.gov)</u> . If you have any ques	tions about the application process
Please answer the following quest sentences. If you need additional application.		
1. List all extra-curricular activities/org	ganizations in which you are	/have been involved:
<ol> <li>Please describe your time constrain absences from town that would into</li> </ol>		

	In your opinion, what are the greatest challenges/issues facing the youth of La Cañada Flintridge As a Youth Council member, how would you propose to deal with these challenges/issues?
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	Explain why you are interested in serving on the Youth Council.

Signature of Applicant Date
Signature of Applicant Date

Submit completed application by mail, fax, or email to the Office of the City Clerk (preferably via e-mail to tgarcia@lcf.ca.gov).

Mailing Address: City of La Cañada Flintridge

City Clerk's Office One Civic Center Drive

La Cañada Flintridge, CA 91011

Phone: (818) 790-8880 Fax: (818) 790-7536 tgarcia@lcf.ca.gov